



State of New Hampshire  
PUBLIC EMPLOYEE LABOR RELATIONS BOARD

IMPROPER PRACTICE CHARGES

**INSTRUCTIONS:** File an original and five (5) copies of this charge, along with **\$60 filing fee**, with the Director of the Public Employee Labor Relations Board, GAA Plaza, Bldg. #1, 153 Manchester Street, Concord, New Hampshire 03301. A copy of the charge(s) must be served upon any party of interest.

DO NOT WRITE IN THIS SPACE

CASE NO. \_\_\_\_\_

DATE FILED \_\_\_\_\_

1. CHARGING PARTY:

a) Name (If employee organization, give full name, including local name & no.)

\_\_\_\_\_  
\_\_\_\_\_

b) Address (No. & Street, City and ZIP Code) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c) Name & Title of the representative filing charge: \_\_\_\_\_

\_\_\_\_\_

d) Name, address and telephone number of attorney or other representative if any, to whom correspondence is to be directed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PUBLIC EMPLOYER OR ITS AGENTS AND/OR EMPLOYEE ORGANIZATION OR ITS AGENTS AGAINST WHOM CHARGE IS BROUGHT

a) Name and address (No. & Street, City and ZIP Code):

\_\_\_\_\_  
\_\_\_\_\_

b) Telephone No.: A/C \_\_\_\_\_ No. \_\_\_\_\_

3. Pursuant to RSA 273-A:5, the Charging Party hereby alleges that the above named respondent(s) has/have engaged in or is/are engaging in an unfair labor practice within the meaning of Section 5 of said Act, in that (Specify in detail the particular alleged violation, with a complete statement of the facts supporting the charge(s) including names, dates, times, places, etc. Use reverse side and additional sheets, if necessary.)

DETAILS OF CHARGE/S: \_\_\_\_\_

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4. Is the charging party available immediately to participate in a pre-hearing conference and a formal hearing, if necessary?

Yes ☐

No ☐

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5. NOTICE TO RESPONDENT:

In accordance with PELRB Rules and Regulations, Pub 201.03 "Answer", the respondent must file his answer to the complaint with the Director of the Public Employee Labor Relations Board, G.A.A. Plaza, Bldg. 1, 153 Manchester Street, Concord, New Hampshire 03301, within fifteen (15) days of the date the complaint was filed.

The answer must contain a clear and concise statement fairly meeting each allegation in the complaint, specifically denying or admitting and explaining each allegation.

For additional information, contact the Clerk of the Board in Concord at (Area Code 603) 271-2587.

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Date: \_\_\_\_\_

I hereby certify that a copy of the charge/s/ has been mailed certified mail/hand delivered this day to:

\_\_\_\_\_  
(Respondent)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature)

STATE OF NEW HAMPSHIRE )  
COUNTY OF )

\_\_\_\_\_, being duly sworn deposes and says, that he/she is the charging party above named, or its representative, and that he/she had read the above charge/s/ consisting of this and \_\_\_\_\_ additional page/s/, and is familiar with the facts alleged therein, which facts he/she knows to be true, except as to those matters alleged on information and belief, which matters he/she believes to be true.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_